

STATEMENT OF ECONOMIC INTERESTS

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COVER PAGE

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NAME OF FILER (LAST)	(FIRST)		(MIDDLE)	
Crane	Thomas	M	300 h	
1. Office, Agency, or Court				
Agency Name (Do not use acronyms)				
Department of Conservation				
Division, Board, Department, District, if applicable)	Your Position		
Division of Oil, Gas, and Geothermal Resources		Associate Oil and Gas Engineer		
► If filing for multiple positions, list below or on	an attachment. (Do not use	acronyms)		
Agency:		Position:		
2. Jurisdiction of Office (Check at least of	one hox)			
	nie bony	I ludge or Court Commission or /6	State vide (valediation)	
State State			Judge or Court Commissioner (Statewide Jurisdiction)	
Multi-County		County of		
City of		Other	100-100-100-100-100-100-100-100-100-100	
3. Type of Statement (Check at least one	box)			
★ Annual: The period covered is January 1, 2		Leaving Office: Date Left	1 1	
December 31, 2018.	10 TO, tillough	(Check on		
The period covered is/ December 31, 2018.	/, through		ary 1, 2018, through the date of	
Assuming Office: Date assumed/_		The period covered is the date of leaving office.	, through	
Candidate: Date of Election	and office sought, it	f different than Part 1:	Decreed's Toronto.	
 Schedule Summary (must complet Schedules attached 	.e) ► Total number o	of pages including this cover p	age:	
Schedule A-1 - Investments – schedule	attached	Schedule C - Income, Loans, & Busines	ss Positions – schedule attached	
Schedule A-2 - Investments – schedule a	edule attached			
Schedule B - Real Property - schedule a	attached	Schedule E - Income - Gifts - Travel P	Payments - schedule attached	
-or- ⊠ None - No reportable interests of	on any schedule			
5. Verification				
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docume	nt)	STATE	ZIP CODE	
3780 Kilroy Airport Way, St 400	Long Beach	n CA	90806	
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
(714) 816-6847		Thomas.Crane@Conservation.ca.gov		
I have used all reasonable diligence in preparing therein and in any attached schedules is true and			nowledge the information contained	
I certify under penalty of perjury under the law	ws of the State of California	a that the foregoing is true and correc	et.	
Data Signal 02/19/2019	_	Moures m		
Date Signed (month, day, year)	Sig	nature	atement with your filing official.)	